



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

OCCU MED
5000 E. UNIVERSITY, STE 6
ODESSA, TX 79761

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-12-0328-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The initial bill was mailed in a timely manner and it was denied because the procedure code was inconsistent with the modifier. I filed an appeal with a corrected bill and it was denied because the 95 days have expired to file."

Amount in Dispute: \$1,250.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not respond to the disputed service.

Response Submitted by: N/A

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 28, 2011	99456-W5 99456-W8	\$1,250.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. 28 Texas Administrative Code §134.204 sets out the guidelines for reimbursement of Workers' Compensation Specific Services provided on or after March 1, 2008.

5. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
6. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 03/23/2011

- CAC-4- The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 732- Accurate coding is essential for reimbursement. CPT and/or modifier billed incorrectly. Services are not reimbursable as billed.

Explanation of benefits dated 06/22/2011

- CAC-18- Duplicate claim/service.
- CAC-193- Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 224-Duplicate Charge.
- 877-Bill previously processed. Refer to Rule 133.250 regarding request for reconsideration.

Explanation of benefits dated 06/23/2011

- CAC-29- The time limit for filing has expired.
- 731- Per 133.20 Provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.

Explanation of benefits dated 07/29/2011

- CAC-18- Duplicate claim/service
- CAC-29- The time limit for filing has expired.
- 224- Duplicate charge.
- 731- Per 133.20 Provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.

Explanation of benefits dated 09/14/2011

- CAC-193- Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-4- The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 724-No additional payment after reconsideration of services for information call 1-800-937-6824
- 732-Accurate coding is essential for reimbursement. Modifier billed incorrectly. Services are not reimbursable as billed.

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and 28 Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to 28 Texas Administrative Code §133.20(b) states in pertinent part "Except as provided in Texas Labor code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that Texas Labor Code §408.0272 applies to the service in dispute. For that reason, the requestor in this dispute was required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the Requestor finds a copy of a medical bill with printed date 01/31/11 and 06/28/2011, a copy of the MMI/IR report, DWC-69 and DWC -73 forms. Also, found five Explanation of Benefits dated 03/23/2011, 06/22/2011, 06/23/2011, 07/29/2011, and 09/14/2011. Per 28 Texas Administrative Code §102.4(h) documentation found sufficiently supports that the requestor submitted a bill to the insurance carrier within 95 days from the date the services were provided.
3. In accordance with Texas Labor Code §408.027, the Requestor has timely submitted a bill to the respondent. Therefore, the disputed services will be reviewed in accordance with Rule 134.204.

The Insurance carrier denied CPT code 99456-W5 and 99456-W8 with denial codes “CAC-4- The procedure code is inconsistent with the modifier used or a required modifier is missing and 732- Accurate coding is essential for reimbursement. CPT and/or modifier billed incorrectly. Services are not reimbursable as billed.”

99456-W5: 28 Texas Administrative Code §134.204(i)(1)(B) states, “Attainment of maximum medical improvement shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier ‘W5’ is the first modifier to be applied when performed by a designated doctor. In addition to this modifier 28 Texas Administrative Code §134.204 (j)(4)(C) (iii) states, “If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s) the doctor shall bill using the appropriate MMI CPT code with modifier ‘WP.’” The requestor did not include the additional “WP” modifier required therefore, reimbursement is not recommended.

99456-W8: 28 Texas Administrative Code §134.204(i)(1)(E) states, “Ability of the employee to return to work shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier ‘W8’.” 28 Texas Administrative Code §134.204(k) states in part, “When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier ‘RE.’” The requestor did not include the additional “RE” modifier required therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

02/21/2011

Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.